



**Department
of Health**

**Office of
Mental Health**

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and Family Services**

Health Homes Serving Children

Updates on Readiness and Implementation Activities

November 9, 2016

Agenda for Today's Presentation

- ✓ Update of Readiness Activities to Designated HHSC
- ✓ Health Home alignment to MCP
- ✓ Billing Procedure
- ✓ Health Home Continued Readiness and Evaluation
- ✓ Consent for Health Home Serving Children
- ✓ Accessing MAPP Health Home Tracking System (HHTS)
 - ✓ Adult HH's currently serving children needed ACTION
 - ✓ Weekly MAPP HHTS calls
- ✓ Accessing the Uniform Assessment System (UAS-NY)
- ✓ Update: Early Intervention integration with Health Homes
- ✓ Questions and Discussion





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Updates on Process for Designating Health the Status of Readiness Activities Designated Health Homes Serving Children

November 9, 2016

Health Home for Children Begins

- On December 5th we will begin to enroll children in Health Home
- Thank you for your patience and support during the design phase
- December 5th is just the beginning - we look forward to continuing to work with Health Homes, care managers, Plans and stakeholders to implement Health Homes for children and complete readiness activities



Status of Health Homes Designations for Children

- Designated Health Homes will begin to serve children December 5, 2016
- 16 Contingently Designated Health Homes have been working on readiness activities
 - ✓ HIT Compliance – Care Management/EHR and Billing Readiness
 - ✓ Network Adequacy
 - ✓ ASAs with Managed Care Plans
 - ✓ Policies and Procedures In Place
 - ✓ Results of Health Home Serving Adults Re-designation Surveys
 - Site Visits for Three Health Homes Serving Children Only
 - ✓ Identified Contingencies
 - ✓ Regular readiness calls regarding the Health Home Readiness Tool that highlights the areas of capacity, training, policies and procedures, etc. for Health Homes and network partners
 - ✓ Review progress on concrete Health Home deliverables of MMIS ID #, BAAs, ASAs and Network Adequacy
- On November 4, 2016, the State issues letters to each of the 16 Health Homes regarding an assessment of their readiness to begin to enroll children on December 5, 2016



Status of Health Homes Designations for Children

- Of the 16 Health Homes Serving Children, 9 have been designated to begin enrollment effective December 5th. The county service area of one of those 9 was reduced pending completion of readiness activities
- The remaining 7 have not been designated to begin enrollment as of December 5 – readiness activities will continue.
 - ✓ 3 are not Health Home Infrastructure Ready (2 did not meet HIT care planning requirements, 1 is not billing ready)
 - ✓ 4 postponed – Received an adult re-designation performance level of 3, Performance Improvement Plan (PIP) must be submitted and demonstration PIP has been implemented
- State is committed to working with these Health Homes to move to readiness as quickly as possible, and is meeting with each of those Health Homes this week/now to provide assistance to address remaining readiness gaps



Health Home Designate to Serve Children for December 5, 2016

Health Home	Counties Designated to Serve Children	Designation Status to Serve Children
Adirondack Health Institute, Inc.	Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren, Washington	Designated to Serve Children as of December 5, 2016
Catholic Charities of Broome County Encompass Catholic Charities Children's Health Home	Albany, Allegany, Broome, Cattaraugus, Chautauqua, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Niagara, Oneida, Onondaga, Ontario, Orleans, Otsego, Rensselaer, Saratoga, St. Lawrence, Steuben, Wayne, Wyoming, Yates	Designated to Serve Children as of December 5, 2016 (Readiness Activities Continuing, Not Authorized to Operate in the following counties: Fulton, Montgomery, Oswego, Schenectady, Schoharie, Schuyler, Seneca, Tioga, Tompkins, Warren, and Washington)
Central New York Health Home Network (CNYHHN Inc.)	Albany, Rensselaer, Schenectady, Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, St. Lawrence	Readiness Activities Continuing, Not Authorized to Operate as of December 5, 2016



Health Home Designate to Serve Children for December 5, 2016

Health Home	Counties Designated to Serve Children	Designation Status to Serve Children
Children's Health Homes of Upstate New York, LLC (CHHUNY)	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates	Designated to Serve Children as of December 5, 2016
Collaborative for Children and Families	Bronx, Brooklyn, Manhattan, Nassau, Queens, Staten Island, Suffolk, Westchester	Designated to Serve Children as of December 5, 2016
Coordinated Behavioral Care, Inc. dba Pathways to Wellness Health Home	Bronx, Brooklyn, Manhattan, Queens, Staten Island	Designated to Serve Children as of December 5, 2016
Greater Rochester Health Home Network LLC	Cayuga, Chemung, Livingston, Monroe, Ontario, Seneca, Steuben, Wayne, Yates, Allegany, Genesee, Orleans, Wyoming	Readiness Activities Continuing, Not Authorized to Operate as of December 5, 2016
Hudson River HealthCare, Inc. dba Community Health Care Collaborative	Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Westchester, Nassau, Suffolk	Designated to Serve Children as of December 5, 2016

Health Home Designate to Serve Children for December 5, 2016

Health Home	Counties Designated to Serve Children	Designation Status to Serve Children
Institute for Family Health	Ulster	Readiness Activities Continuing, Not Authorized to Operate as of December 5, 2016
Kaleida Health-Women and Children's Hospital of Buffalo	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	Readiness Activities Continuing, Not Authorized to Operate as of December 5, 2016
Montefiore Medical Center dba Bronx Accountable Healthcare Network Health Home	Bronx	Designated to Serve Children as of December 5, 2016
Niagara Falls Memorial Medical Center	Niagara	Designated to Serve Children as of December 5, 2016
North Shore LIJ Health Home	Queens, Nassau, Suffolk	Readiness Activities Continuing, Not Authorized to Operate as of December 5, 2016
Mount Sinai Health Home Serving Children	Bronx, Brooklyn, Manhattan, Queens, Staten Island	Readiness Activities Continuing, Not Authorized to Operate as of December 5, 2016
St. Mary's Healthcare	Fulton, Montgomery	Designated to Serve Children as of December 5, 2016
VNS – Community Care Management Partners, LLC (CCMP)	Bronx, Brooklyn, Manhattan, Queens, Staten Island	Readiness Activities Continuing, Not Authorized to Operate as of December 5, 2016

Administrative Service Agreements (ASA) with Managed Care Plans (MCP)

- Administrative Service Agreements (revised as January 2016) with Managed Care Plans
 - Due date for entering into revised ASAs for Health Homes that now serve adults was July 1, 2016
- ASAs are critical to ensuring there is alignment with enrolled members, Health Homes and Plans in the MAPP portal and there is adequate access to Health Homes to eligible children across the State
- Significant progress has been made – a handful of plans still need to move forward quickly
- Section 6.2 of the ASA states: “Amendments required due to changes in state law or regulation or as required by NYSDOH and implemented by MCO shall be unilaterally and automatically made upon thirty (30) days notice to Health Home. There is no need to delay entering into ASAs with Health Homes as a result of changes in billing procedures to or to wait for revised ASA or model contract to enter into ASAs with Health Homes serving children
- ***The following tables provide information on Health Home and Plan Alignments re: status of ASAs – Children must be enrolled in Health Home that has an ASA relationship with the Plan they are enrolled in***



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Health Home	Counties Health Home Applied to Serve	Managed Care Plan within HHSC County Area (Plan in RED has Jan. amended ASA with HHSC)
Adirondack Health Institute, Inc.	Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren, Washington	CDPHP Fidelis United Healthcare MVP Health Plan
Catholic Charities of Broome County	<p>Encompass Catholic Charities Children's Health Home</p> <p>Albany, Allegany, Broome, Cattaraugus, Chautauqua, Cayuga, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Tioga, Tompkins, Wayne, Warren, Washington, Wyoming, Yates</p>	CDPHP Excellus Empire BC/BS Fidelis HealthNow Independent Health MVP Health Plan Total Care UnitedHealthcare YourCare Health Plan Wellcare of NY
Central New York Health Home Network (CNYHHN Inc.)	Albany, Rensselaer, Schenectady, Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, St. Lawrence	CDPHP Excellus Fidelis MVP UnitedHealthcare Wellcare of NY

Health Home	Counties Health Home Applied to Serve	Managed Care Plan within HHSC County Area (Plan in RED has Jan. amended ASA with HHSC)
Children's Health Homes of Upstate New York, LLC (CHHUNY)	Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates	Affinity Health Plan CDPHP Excellus Empire BC/BS HealthNow Independent Health MVP Health Plan Total Care UnitedHealthcare YourCare Health Plan Wellcare of NY
Collaborative for Children and Families	Bronx, Brooklyn, Manhattan, Nassau, Queens, Staten Island, Suffolk, Westchester	Affinity Health Plan AmidaCare EmblemHealth Inc. Healthfirst Empire BC/BS MVP Health Plan MetroPlus Health Plan UnitedHealthcare VNS Choice-not doing Wellcare of NY



Health Home	Counties Health Home Applied to Serve	Managed Care Plan within HHSC County Area <i>(Plan in RED has Jan. amended ASA with HHSC)</i>
Coordinated Behavioral Care, Inc.	Bronx, Brooklyn, Manhattan, Queens, Staten Island	Affinity Health Plan AmidaCare EmblemHealth Inc. Fidelis Healthfirst PHSP Empire BC/BS MetroPlus UnitedHealthcare VNS Choice Wellcare of NY
Community Care Management Partners, LLC (CCMP) – VNS	Bronx, Brooklyn, Manhattan, Queens, Staten Island	Affinity Health Plan AmidaCare EmblemHealth Inc. Fidelis Healthfirst PHSP, Empire BC/BS MetroPlus UnitedHealthcare VNS Choice Wellcare of NY



Health Home	Counties Health Home Applied to Serve	Managed Care Plan within HHSC County Area <i>(Plan in RED has Jan. amended ASA with HHSC)</i>
Greater Rochester Health Home Network LLC	Cayuga, Chemung, Livingston, Monroe, Ontario, Seneca, Steuben, Wayne, Yates, Allegany, Genesee, Orleans, Wyoming	Excellus Fidelis HealthNow MVP Health Plan UnitedHealthcare YourCare Health Plan
Hudson River HealthCare, Inc. (HRHCare) and Open Door Family Medical Centers dba Hudson Valley	Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Westchester, Nassau, Suffolk	Affinity Health Plan CDPHP EmblemHealth Inc. Fidelis Empire BC/BS MVP Health Plan UnitedHealthcare Wellcare of NY
Institute for Family Health	Ulster	Fidelis MVP Health Plan UnitedHealthcare Wellcare of NY



Health Home	Counties Health Home Applied to Serve	Managed Care Plan within HHSC County Area (Plan in RED has Jan. amended ASA with HHSC)
Kaleida Health dba Children's Health Home of Western New York	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	Fidelis HealthNow Independent Health MVP Health Plan UnitedHealthcare YourCare Health Plan
Montefiore Medical Center dba Bronx Accountable Healthcare Network Health Home	Bronx	Affinity Health Plan AmidaCare EmblemHealth Inc. Empire BC/BS Fidelis Healthfirst PHSP, Inc. MetroPlus Health UnitedHealthcare VNS Choice Wellcare of NY



Health Home	Counties Health Home Applied to Serve	Managed Care Plan within HHSC County Area (Plan in RED has Jan. amended ASA with HHSC)
Mount Sinai Health Home Serving Children	Bronx, Brooklyn, Manhattan, Queens, Staten Island	Affinity Health Plan AmidaCare EmblemHealth Inc. Fidelis Healthfirst PHSP, Inc. Empire BC/BS MetroPlus UnitedHealthcare VNS Choice Wellcare of NY
Niagara Falls Memorial Medical Center	Niagara	Fidelis HealthNow Independent Health UnitedHealthcare YourCare



Health Home	Counties Health Home Applied to Serve	Managed Care Plan within HHSC County Area <i>(Plan in RED has Jan. amended ASA with HHSC)</i>
Northwell	Queens, Nassau, Suffolk	Affinity Health Plan AmidaCare EmblemHealth Inc. Fidelis Healthfirst PHSP, Inc. <i>Empire BC/BS</i> <i>MetroPlus Health Plan</i> UnitedHealthcare VNS Choice –not doing <i>Wellcare of NY</i>
St. Mary's Healthcare	Fulton, Montgomery	CDPHP <i>Fidelis</i> <i>UnitedHealthcare</i>



Billing Procedures to Ensure Timely Payment

- For children launch – Health Homes will bill State for HH payments and pass payments to the CMAs – State has worked with all Health Homes to ensure this approach can be implemented and payments can be made
- This approach is temporary and will remain in place to provide time for Plans to make systems and other changes to have payments flow from Plan to HH to CMA and to:
 - ✓ Prepare for HH payment inclusion in premium cap
 - ✓ Configure systems to go live 90 days+30 day claims testing period from date guidance is provided by DOH for HH 837i claiming
 - ✓ Address payment lag
 - ✓ Continue to process all billing instances prior to 12/1/16 under current payment system
 - ✓ DOH and MMCP will identify HH needing technical assistance and training



Prioritizing the Enrollment of Eligible Children in Health Homes December 2016 Begin Date for Enrollment

- To manage initial capacity (and provide time to build up capacity) Health Homes, LDSS, LGU, Care Managers and Plans, should prioritize the enrollment of children ***that meet Health Home chronic condition eligibility and appropriateness criteria*** and have the highest needs, including the following:
 - ✓ Children enrolled in OMH TCM care management programs that will convert to Health Home
 - ✓ Children on OMH Waiver waiting list (already Medicaid eligible), within 30 days of discharge from inpatient/residential/day treatment settings to participate in discharge planning
 - ✓ Children on TCM waitlist; [SPOA who refers to HH]
 - ✓ Children who are on the Bridges to Health (B2H) Wait list,
 - ✓ Children in licensed congregate care,
 - ✓ Children that are within 3 months of foster care discharge,
 - ✓ Children enrolled in LDSS prevention services where foster care placement is imminent,
 - ✓ Children prescribed 3 or more psychotropic medications
 - ✓ Children who are within 30 days of discharge from inpatient, residential or detox setting
 - ✓ Medically Fragile Children with multiple chronic conditions that have had recent (past 30 days) inpatient stay
 - ✓ Children who have an ER referral but are not admitted for inpatient services; or are discharged with a recommendation for community follow up;
 - ✓ Children with multiple system involvement (child welfare, criminal justice)
- ❖ ***Children in Early Intervention target date to be enrolled March 2017 (when procedures for integrating EI and HH requirements have been established, with stakeholder feedback, and trainings provided).***

State Support and Continuing Readiness and Implementation Activities

- The HHSC team will continue to provide assistance with readiness and implementation activities, including:
 - ✓ Continuing calls with the seven Health Homes surrounding readiness, including those submitting Performance Improvement Plans
 - ✓ Monitoring implementation activities – including routinely scheduled calls for questions and answers, troubleshooting and problem solving
 - ✓ Being an overall resource to Health Homes
- Launch next important phase of implementation – performance management and oversight, including enrollment, capacity, training, status of CMAs and performance metrics (data reporting)



Required Consents for Referring Enrolling and Assessing Children in Health Home



Health Home Program for Children Required Consents

- Verbal consent is required to make a referral to Health Home in MAPP Referral Portal
- Consent is required to enroll children and share protected health information in Health Home
- Consent is required to conduct the Health Home CANS-NY assessment
- TCM Providers are required to get consent to transition and enroll the children they now serve in Health Home
 - Consent to enroll and share information can be completed now along with the functional assessment consent to pre-populate the CANS-NY within the UAS-NY
- State has developed required consent forms, they are posted and available at DOH website
 - http://devweb.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children_forms.htm
- The consents are currently being translated in multiple languages
- The DOH will be issuing additional consent guidance document in the coming weeks – see prior webinars that have been posted to website
- It is imperative that the Health Homes and Care Management Agencies train care managers surrounding how to work with a family regarding consent and the implications of obtaining proper consent as well as any clinical issues



Health Home Program: Types of Consent

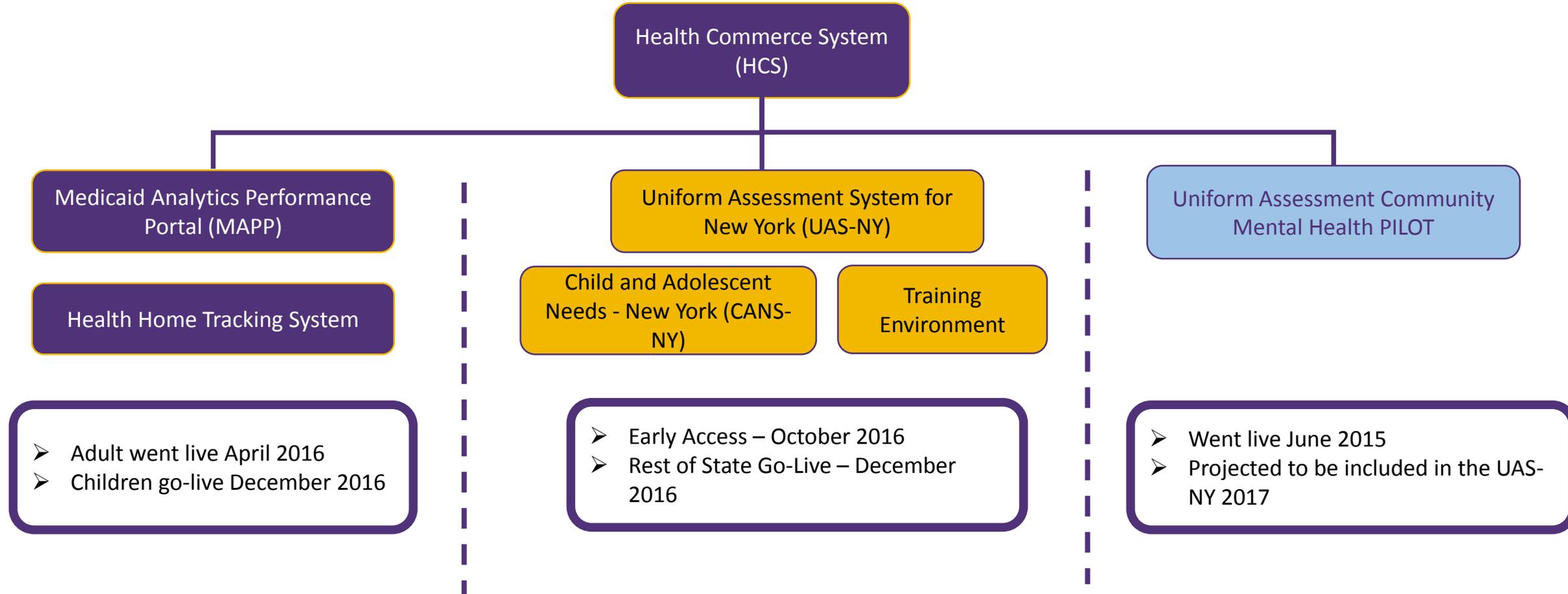
- Consent to Refer (Verbal Consent documented in the MAPP Referral Portal)
- Health Home Consent Enrollment (Form DOH 5200) For Use with Children and Adolescents Under 18 Years of Age
- Health Home Consent Information Sharing (Form DOH 5201) For Use with Children Under 18 Years of Age
- Health Home Withdrawal of Health Home Enrollment and Information Sharing Consent (Form DOH 5202) For Use with Children Under 18 Years of Age
- Functional Assessment consent form (Must be signed to complete a CANS-NY within the UAS) (Form DOH 5230)
- Health Home Release of Educational Records Consent (Form DOH 5203)
- Health Home Withdrawal of Release of Educational Records (Form DOH 5204)
- Health Home Patient Information Sharing Consent form for adults (Form DOH 5055)
- Health Home Patient Information Sharing Withdrawal of Consent for adults (Form DOH 5058)



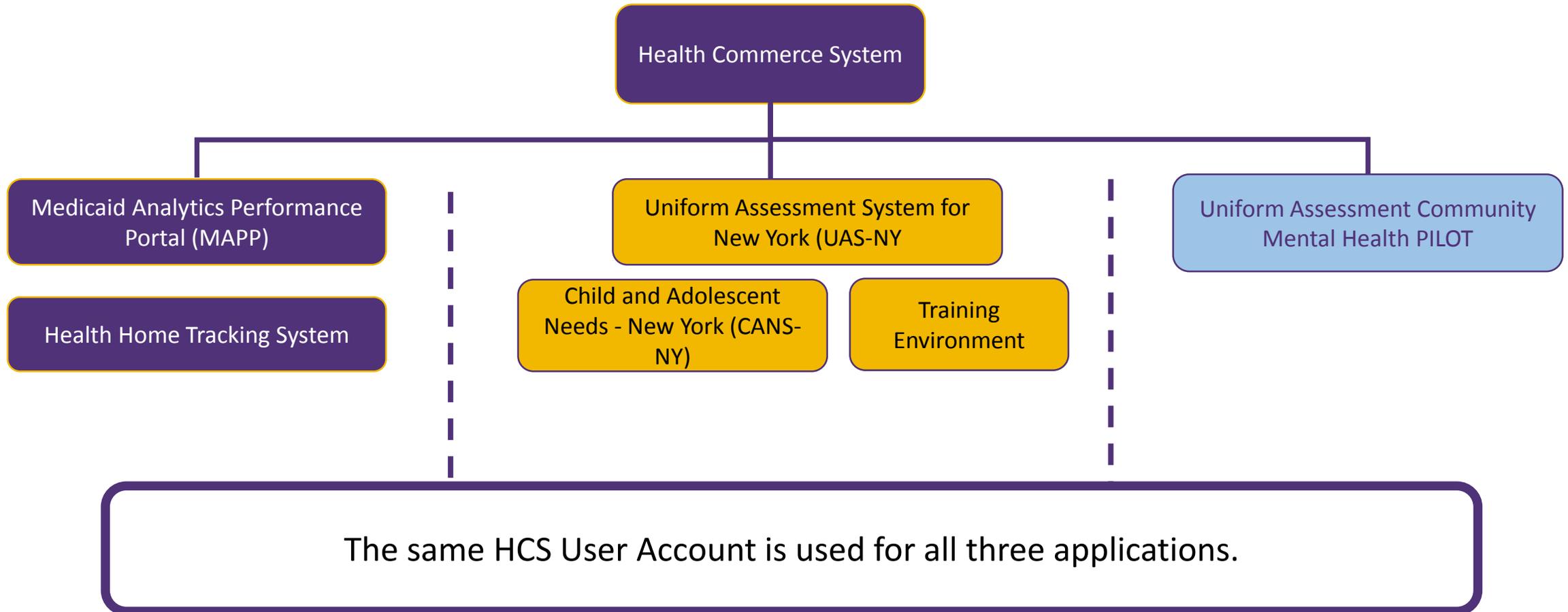
Accessing the Medicaid Analytics Performance Portal Health Home Tracking System (MAPP HHTS)



Overview of the Initiatives



HCS User Account



Agencies Ready for December 2016 Go-Live

- Gatekeepers that have been submitted to the DOH prior to October 31 will receive an email with instructions for completing a required web-based training.
- HCS Coordinator will work to ensure staff:
 - **have HCS user account**
 - **register for Multi-factor Authentication**
- Upon completion of the web-based training, Gatekeepers will be able to assign appropriate MAPP roles to staff within their organization and or County.
- Staff assigned a MAPP role will complete required training.



MAPP HHTS User Access and Training Process

Step 1: Gatekeeper enters user and identified role(s) in the MAPP HHTS.

Step 2: A system generated email is sent to the user and the MAPP Customer Care Center acknowledging the role(s) has been submitted. This occurs instantly.

Step 3: The MAPP training team sends the user a training communication to complete pre-requisite Web Based Training (WBT) in the Learning Management System (LMS). This takes place within 24 hours after the Gatekeeper submits the information.

Step 3.1: If a “Worker” role is submitted, an additional training communication is sent requesting the user to register for an Instructor Led Training (ILT) class.

Step 4: Training reports will be run on a daily basis instead of weekly during this next couple of month. Any user that has completed their training requirement for their assigned role is then provisioned in the MAPP HHTS. A training complete notification is sent at that time notifying the user that access has been granted.

Agencies **NOT** Ready for December 2016 Go-Live

- One or more of the following steps not completed:
 - BAA is not in place with affiliated Health Home Serving Children.
 - No active MMIS.
 - Organization not set up in the Health Commerce System under “Health Home CMA” organization type.
 - Have not identified HCS Director and/or Coordinators or have not processed HCS Director or Coordinator account applications.
 - Gatekeepers were not identified.
- Immediate Next steps:
 - work with Children’s Health Home Team to complete remaining steps.
 - ensure staff have HCS user accounts and complete multi-factor authentication.
- On December 5, 2016:
 - Gatekeeper must complete training and assign staff appropriate MAPP roles.
 - Staff complete required training.



Medicaid Analytics Performance Portal Health Home Tracking System (MAPP HHTS) December Enrollment



Process for Current Children/Adolescents Enrolled in Health Home

- Health Home Care Managers who have children/adolescents currently enrolled in an Adult Health Home, will need to inform the parent, guardian or legally authorized representative that there will be a Children's Health Home option.
 - Health Home Care Managers will need to share information surrounding the services, the network and the provider connectivity the child will receive in the adult Health Home CMA verse that of a children's Health Home CMA.
 - The parent, guardian or legally authorized representative has the right to choose the Health Home that will serve them.
 - For children/adolescent members who are under the age of 18 and cannot self consent for themselves, must have a new Health Home Serving Children consent to share information DOH 5201 and consent to enroll DOH 5200 signed regardless of the child remaining or transferring to a new Health Home or CMA.
 - Members who are 18-21 years old and can self consent due to being pregnant, a parent or married, should have a DOH 5055 consent on file if remaining in the current Health Home CMA or a new DOH 5055 signed with new Health Home CMA
 - Providers currently working with existing Health Home children can work with members to sign consent and that consent does not have to be signed within the same month that enrollment begins



MAPP Process Needed Prior to December 2016

- Health Home Care Managers who have children/adolescents currently enrolled in an Adult Health Home who have member's under 21 years old as of the segment start date and are actively enrolled must end their enrollment segments with a segment end date of 11/30/2016.
 - If the child will be continuing services with your HH/CMA in December 2016, when ending the enrollment segment, user should select 'No' to "Do you want to end the member's Health Home Assignment?"
- On or after 12/5/2016, Health Home Care Managers may create an enrollment segment for the child.
 - If the child is under 18 years, or between 18 years and 21 years and being served by the children's designated HH network, consent to enroll is required.
- To help providers identify these segments, the DOH will be querying the system mid to late November and will be able to provide the information to providers upon request. On 12/1/16, we will conduct another query and close any remaining open segments with members under 21 as of the segment start date.



HML Assessments

- Providers should NOT complete any HML assessments for service dates of 12/1/16 until 12/5/16 or after when new HML functionality is in the system.
- Any HML assessments for service dates of 12/1/16, completed prior to 12/5/16, will be voided.

MAPP Updates and Technical Assistance

- The DOH holds weekly MAPP HHTS calls for Health Homes
- The 3 New Children's Health Homes should sign up if you are not already attending the weekly call
 - Link to register for weekly MAPP HHTS webinar:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_webinar_schedule.xlsx
- Also, if there are questions or assistance needed, DOH can schedule a one on one with the new kids providers to answer system questions



MAPP HHTS Testing

REMINDER:

- Providers file testing is available now and it is highly suggest that all Health Homes and Managed Care Plans get into the testing environment before go-live.
- If you do not have anyone in your organization that is testing, **PLEASE** send an email to MAPP Customer Care Center requesting access to the testing environment.

Accessing the Uniform Assessment System (UAS-NY)



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Single Point of Contact and HCS Coordinator Responsibilities

The Single Point of Contact

- Oversee organization's transition to using the UAS-NY
- Serve as the primary information contact between your organization and State project staff

HCS Coordinator

- Create new HCS user accounts
- Provision CANS-NY roles
- Provision Trust Level 3

CANS-NY Roles

Role	Role Designed For
CANS-NY15	Administrative Support Staff - supports the provider level assessors and supervisors. Limited access. Cannot add assessment data to record.
CANS-NY40	CANS-NY Assessor - must have CANS-NY Certification to conduct assessments
CANS-NY50	CANS-NY Assessor Supervisor – individuals that have the supervisory or managerial purview over the assessor teams
CANS-NY60	CANS-NY Assessor READ (ONLY) - assessors who have lapsed CANS-NY Certification



Access Process to the UAS-NY

- Once the HCS coordinator is identified and receives training regarding access to the UAS-NY and the CANS-NY roles, then the HCS coordinator will be able to assign appropriate CANS-NY roles to staff within their organization and or County
- HCS Coordinator will work to ensure staff:
 - **have HCS user account**
 - **register for Multi-factor Authentication**
- Once staff are given CANS-NY role, the staff person can access the UAS-NY to start their web-based training that is required prior to initiating a CANS-NY and or accessing reports

UAS-NY Training Environment

Organizations/Roles Confirmation
Name: Your Name Here
Organization: Your Organization Here
Role Name: CANS-NY 40

Training Courses for role CANS-NY 40

Required Courses

Course Name	Status
1000 UAS-NY training Environment	Completed
1010-UAS-NY Security	Completed
1100 - Navigating the CANS-NY	Completed
1300 Using the UAS-NY to Conduct the CANS-NY	Completed
1500-C Verification of CANS-NY Certification	Expires 4/16/2017

Recommended Courses

Course Name	Status
1200 Managing Your Organization's Case List	Completed
8050 Training, Documentation, and User Support	Not Completed

- Online, Self-Paced Topic-Specific Courses
- Required and Recommended Courses
- Reference Manuals and User Guides
- Accessed Directly from the UAS-NY
- Available 24 x 7
- Use of VPN connection is not supported
- Recommended browser: Firefox or Chrome



LearnerNation

- Users provisioned a CANS-NY assessor role must successfully complete a course sequence in LearnerNation in order to be considered CANS-NY Certified for a period of one year.
- All CANS-NY assessors must add their HCS User ID into their LearnerNation account in order for the UAS-NY Training Environment to recognize their CANS-NY Certification.
- As indicated in correspondence provided to all Health Homes, Care Management Agencies and CANS-NY certified members, that ***before you can conduct a CANS-NY assessment in the UAS-NY, you must enter your HCS ID to the External GUID in your Learner Nation User Prolife.*** This requirement is necessary for the UAS-NY to verify users have a current active CANS-NY certification.

Milestones

Description	Timeframe
All HCS User accounts must be created and provisioned with an appropriate CANS-NY role assignment, Trust Level 3 and Multi-factor Authentication	October 28, 2016
Staff provisioned access may begin UAS-NY Training	Immediately
Introduction to the UAS-NY Training Environment Webinar https://meetny.webex.com/meetny/onstage/g.php?d=644040078&t=h	November 3, 2016 1:00 PM
State Staff User Training	November 17, 2016 2:30-3:30 pm
Managed Care Plan User Training	TENTATIVE – Last Week in November
LDSS and LGU/SPOA User Training	TENTATIVE – Last Week in November
Begin Conducting CANS-NY Assessments	December 1, 2016



Update: Health Home Integration with Early Intervention



Update: Enrolling Early Intervention Children in Health Home

March 2017

- The State is working to implement procedures to facilitate having the Health Home Care Manager serve as the Ongoing Service Coordinator for children enrolled in both Health Homes and the Early Intervention Program.
 - The State Health Home and Early Intervention staff have been meeting regularly to identify the methods to integrate HH services with Early Intervention Ongoing Service Coordination and to provide trainings
 - The State expects this work will be complete in 2017 and children that are eligible for Early Intervention and Health Home can be enrolled in Health Home beginning in March 2017



Update: Enrollment of Early Intervention Children within Health Home

- There are several stakeholder engagement sessions planned to receive feedback from stakeholders on proposed process for integrating EI and Health Home programs
 - November 15, 2016 for EIP providers regarding “What is a Health Home and EIP/HH integration scenarios” for Stakeholder feedback.
 - November 16, 2016 for Health Home (HH) and CMAs providers regarding “What is the EIP and EIP/HH integration scenarios” for Stakeholder feedback.
 - December 7, 2016 for HH and HH CMAs providers regarding EIP eligibility and crosswalk of chronic conditions to assist HH during the enrollment delay to fulfill guidance provided
 - Wednesday January 11, 2017 from 1-2:30 pm for EIP providers, HH and CMAs to share stakeholder feedback and next steps to implementation of EI into HH



EI and HH Process between December 2016 through March 2017

- November 1, 2016, the New York State Department of Health's Early Intervention Program and Health Home Program for Children will send out guidance to Health Homes and Early Intervention providers to consider during now and the March 2017 anticipated begin date to enroll EI and HH eligible children in Health Home .
- The Health Home Program does not change EIP eligibility but at the family option it may change the entity responsible for a child's ongoing comprehensive care management
- Children enrolled in the EIP and Medicaid with an active Individualized Family Service Plan (IFSP) during this period will continue to receive EIP ongoing service coordination services through the child's transition
- As part of the EIP transition plan, the EI ongoing service coordinator will discuss with families the Health Home Program if they believe the child may meet the Health Home eligibility criteria and appropriateness for a possible referral to Health Home
- Health Home serving children who receive a referral from other entities, such as foster care agencies, physicians, etc. of a child ages 0-3 years old who may meet EIP eligibility, will refer the child to the EIP in the child's county of residence during this period to determine EIP eligibility.



Questions and Discussion



Subscribe to the HH Listserv

- Stay up-to-date by signing up to receive Health Home e-mail updates
- Subscribe
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm
- Health Home Bureau Mail Log (BML)
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action



Updates, Resources, Training Schedule and Questions

- Please send any questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Stay current by visiting our website: http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm



Health Homes Serving Children List of Acronyms

- ACS: NYC Administration of Children Services
- AI: AIDS Institute
- ALP: Assisted Living Program
- ASA: Administrative Service Agreement
- BAA: Business Associate Agreement
- BHO: Behavioral Health Organization
- CAH: Care at Home
- CBO: Community Based Organizations
- CMA: Care Management Agency
- DEAA: Data Exchange Agreement Application
- EI: Early Intervention
- Emedny: Electronic Medicaid system of New York
- FFS: Fee For Service
- HCBS: Home and Community Based Services
- HCS: Health Commerce System
- HH: Health Home
- HHSC: Health Home Serving Children
- HHTS: Health Home Tracking System
- HIT: Health Information Technology
- LDSS: Local Department of Social Services
- LGU: Local Government Unit



Health Homes Serving Children List of Acronyms

- MAPP: Medicaid Analytics Performance Portal (Health Home Tracking System HHTS)
- MCO/MCP: Managed Care Organization / Managed Care Plan
- MRT: Medicaid Redesign Team
- MMIS #: Medicaid Management Information Systems
- NPI #: National Provider Identifier
- OASAS: Office of Alcoholism and Substance Abuse Services
- OCFS: Office of Children and Family Services
- OMH: Office of Mental Health
- OMH-TCM: Office of Mental Health Targeted Case Management
- PMPM: Per Member Per Month
- SED: Serious Emotional Disturbance
- SMI: Serious Mental Illness
- SPA: State Plan Amendment
- SPOA: Single Point of Access
- SPOC: Single Point of Contact
- TCM: Targeted Case Management
- UAS-NY: Uniformed Assessment System
- VFCA: Voluntary Foster Care Agency



APPENDIX



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Examples of Billable Services Provided Under Each Health Home Core Service

1. Comprehensive Care Management

- A comprehensive health assessment that identifies medical, mental health, chemical dependency and social service needs is developed.

2. Care Coordination and Health Promotion

- The Health Home provider is accountable for engaging and retaining Health Home members in care; coordinating and arranging for the provision of services; supporting adherence to treatment recommendations; and monitoring and evaluating a patient's needs, including prevention, wellness, medical, specialist and behavioral health treatment, care transitions, and social and community services where appropriate through the creation of an individual plan of care.



Examples of Billable Services Provided Under Each Health Home Core Service

3. Comprehensive Transitional Care

- The Health Home provider has a system in place with hospitals and residential/rehabilitation facilities in their network to provide the Health Home prompt notification of an individual's admission and/or discharge to/from an emergency room, inpatient, or residential/rehabilitation setting.

4. Patient and Family Support

- Patient's individualized plan of care reflects patient and family or caregiver preferences, education and support for self-management, self-help recovery, and other resources as appropriate.

5. Referral to Community Supports

- The Health Home provider identifies available community-based resources and actively manages appropriate referrals, access, engagement, follow-up and coordination of services.

- http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/provider_qualification_standards.htm

